

Integrated Cross System Framework: Assessing Needs of Child Welfare Involved Youth and Families

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Abstract

Nearly half (47.9%) of youth, ages 2 to 14, in the National Survey of Child and Adolescent Well-Being who had experienced abuse or neglect had clinically significant behavioral health problems (Burns, et al., 2004). Yet, inconsistent identification of parental risks and unmet treatment needs (Libby, et. al., 2005) and underreporting of mental health problems by foster parents, social workers and providers (Raghavan, Inkelas, Franke & Halfon, 2007) are common in the child welfare system. Possible solutions include integrating policies and practices across child welfare, behavioral health and Medicaid agencies (Bai, Wells & Hillemeier, 2009) including comprehensive assessment of vulnerable youth's and parents' needs to help plan appropriate interventions (Kisiel, Fehrenbach, Small & Lyons, 2009).

Since 2007, Indiana behavioral health providers have used the Child and Adolescent Needs and Strengths (CANS, Lyons, 2009) assessment. In 2010 child welfare implemented the tool, linking referrals for behavioral health services and placements to ratings for youth and caregivers. Simultaneously, Medicaid services were linked to CANS ratings. The CANS tool includes six dimensions (youth behavioral health symptoms, functioning, risk behaviors and strengths and caregiver strength and needs).

The ongoing evaluation of an intensive community based services Medicaid demonstration grant provides a window to view the impact of cross system integration of a common assessment tool and the relationship of substance use and mental health needs of caregivers on youth with behavioral health needs and child welfare involvement. Levels of fidelity to the wraparound services model (Bruns et al., 2010), youth and family satisfaction (Brunk & Innes, 2003), claims service information and outcomes (based on CANS) for 1051 grantees, including 494 youth involved with child protective services, have been collected. Differences between urban and rural settings were examined.

Findings. Satisfaction for youth and families and fidelity to the wraparound services models were similar in rural and urban areas. An independent samples T-Test found significant differences for caregiver needs for families with child welfare involvement than for non child welfare involved families. Specifically, higher substance use and developmental needs, less involvement in treatment and residential stability and military transitions were significantly higher ($p < .01$). Consistent with earlier trends (Effland, Walton & McIntyre, 2011), a hierarchical multiple linear regression model involving 377 CPS involved youth found that higher beginning youth needs [symptoms (anxiety and conduct disorders), functioning issues (school achievement and social functioning) and risk behavior (delinquency)], initial caregiver needs (specifically substance abuse) and high wraparound fidelity (particularly community based and outcome wraparound elements) predict improvement in youth needs.

On a youth/family level, using common assessment tools helps service providers and families reach consensus about needs, develop individualized intervention plans and monitor progress. At a macro level, using a common language and assessment information across service systems can improve access to needed services. Such strategies build an integrated framework to provide individualized services for vulnerable youth and families (Burns, et al., 2004).